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Bib Data Sheet

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|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/500,077 | FILING DATE<br>06/23/2004<br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3763 | ATTORNEY<br>DOCKET NO.<br>MCA-589A PC/US |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US03/12927 04/25/2003  
which claims benefit of 60/375,747 04/26/2002

AMP

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None AMP

| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR<br>COUNTRY | SHEETS        | TOTAL        | INDEPENDENT |
|---------------------------------|---|---------------------|---------------|--------------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | MA                  | DRAWING<br>24 | CLAIMS<br>10 | CLAIMS<br>1 |
| Verified and Acknowledged       | Examiner's Signature      Initials  |                     |               |              |             |

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## TITLE

Disposable, sterile fluid transfer device

|            |   |  |
|------------|---|--|
| FILING FEE | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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